



4 April 2010

To all Members Legislative Assembly
Parliament of South Australia

Dear MLA,

The Criminal Law Consolidation (Medical Defences – End of Life Arrangements) Amendment Bill 2011 permits a defence by doctors against a charge of killing a patient through the administration of drugs on request by that patient.

The legislation also states that any courts hearing such charges that might arise “must have regard... that Parliament intends that conduct... is a reasonable response”.

The very broad criteria for request for this service would allow, for instance, an 18 year-old insulin-dependent diabetic – an “irreversible impairment” – to request to be killed because he considered his life “intolerable”. The doctor administering the drugs for this purpose could defend any charges that might arise as a “reasonable response” to the “express request of the person”.

Similarly the legislation would allow physician assisted suicide for any “illness, injury or other medical condition” considered “intolerable”.

The legislation effectively equates to euthanasia and physician-assisted suicide on demand with protection of the doctor.

The doctors of *Medicine With Morality* are opposed to these legislative provisions for exactly the same reasons as we are opposed to the direct legalisation of euthanasia or physician assisted suicide.

We are united in our resolve to care for those who are suffering and for those who are dying but there is a clear demarcation between giving good compassionate medical care as currently practised to the very end of a patient’s life and deliberate interference or assistance for the express purpose of ending that life. Relief from pain and distress is increasingly achievable and obtainable.

We believe that it is intrinsically wrong to kill those for whom we have been given a mandate of care. It is for very good reason that the Hippocratic Oath states that *I will give no deadly medicine to any one if asked.*

Sociologically, these provisions have inevitable flow-on consequences for society.

- This legislation would lend ‘state’ approval for assisted dying as a valid option for people – including the young – to consider what they would otherwise not consider. There is then also a wider community attitude and expectation that individuals will choose this option. Given the present tragedy of suicide in Australia we must avoid anything that lends ‘state’ approval for suicide as a valid option.

- Inevitably there will be pressure on patients to ask for or consent to be killed even when they want to keep on living. This is the so-called *duty to die* – to relieve emotional, physical or financial distress on relatives or carers or as an obligation to society e.g. the elderly with multiple health problems where there is an expectation that they will agree to be killed because it is better for society.
- At the very least this leads to a perception by the patient of ambiguity in the role of the treating doctor and fear that their doctor's attitude might change somewhere along the line of care. Patients may justifiably conclude that doctors would be less enthusiastic in their care if they think the patient should be prepared to die and are supported in this view by society and the law.
- There will be economic pressure on government to reduce palliative care services and for them to be less obtainable. We must not allow the cheaper option of euthanasia to ever become an easy reason to adopt such a course of action. Likewise we must never put patients in the situation – as in Oregon – where health funds allow funding for physician-assisted suicide but not for treatments that may keep the patient alive.

The proper role of a doctor is to uphold the value of life in all circumstance, to comfort always, but never to kill or assist in killing. Ethical and moral values that honour our nation should be upheld by all governments. We urge your strong opposition to this bill.

Dr Lachlan Dunjey MBBS FRACGP DObstRCOG General Practice (contact person)
33 Bunya St Dianella WA 6059 mob 0407 937 513

(Signatures follow)